



**AHCCCS MEDICAL POLICY MANUAL**  
**EXHIBIT 1620-6, HIGH COST BEHAVIORAL HEALTH**  
**REINSURANCE FORM**

\_\_\_\_\_  
*MEMBER NAME*

\_\_\_\_\_  
*AHCCCS #*

**REQUEST/NOTIFICATION TYPE**

☐ RENEWAL AUTHORIZATION

☐ PLACEMENT CHANGE

EFFECTIVE DATE: \_\_\_\_\_

REASON: \_\_\_\_\_  
\_\_\_\_\_

☐ TERMINATION

EFFECTIVE DATE: \_\_\_\_\_

REASON: \_\_\_\_\_  
\_\_\_\_\_

☐ CONTRACTOR CHANGE

NEW CONTRACTOR: \_\_\_\_\_

EFFECTIVE DATE: \_\_\_\_\_

☐ OTHER

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
*SIGNATURE*

\_\_\_\_\_  
*DATE*

\_\_\_\_\_  
*CONTRACTOR NAME*



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**REINSURANCE FORM**

\_\_\_\_\_  
*MEMBER NAME*

\_\_\_\_\_  
*AHCCCS #*

**MEMBER DEMOGRAPHIC INFORMATION**

\_\_\_\_\_  
*MEMBER DATE OF BIRTH*

FACILITY NAME AND TYPE: \_\_\_\_\_  
\_\_\_\_\_

PLACEMENT DATE: \_\_\_\_\_

DAILY RATE: \_\_\_\_\_

**DIAGNOSES**

Include Psychiatric and Medical, as relevant:

**CURRENT BEHAVIORAL ISSUES**

Describe member's current behaviors and the frequency and intensity of those behaviors;

**FACILITY PROGRAMMING DESCRIPTION**

Explain programs and activities at the facility specific to this member that assist this member in managing inappropriate behaviors:

**BEHAVIORAL TREATMENT PLAN**

Explain/describe behavioral and chemical interventions in place to actively manage member's current behavioral issues:

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*MEMBER NAME*

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*AHCCCS #***PLACEMENT HISTORY**

Explain why this member cannot live in a non-behavioral living arrangement and include specific information (including dates) regarding reason (s) previous placement(s) were unsuccessful

**RE-EVALUATION OF PLACEMENT**

Results of periodic re-evaluation of the member's ability to function with a lower level of intervention than provided under current treatment plan (not just attempts at placement change).  
Explain any discharge plans:

**DOCUMENTATION TO INCLUDE**

- Behavioral Treatment Plan
- Psychotropic Medication Record
- Psychiatric or psychological evaluation reports
- Nursing notes with behavioral issues highlighted
- Facility staff notes with behavioral issues highlighted
- Any other information in the member's records that support the need for a high-cost behavioral treatment program and specialized placement

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*SIGNATURE*

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*DATE*

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*CONTRACTOR NAME*